



We are committed to providing you the best possible health care experience.

One of the unique features of participating in the Ridgeview Community Network plan is we work directly with your provider and PreferredOne to deliver a more coordinated health care experience, sharing information with each other, ensuring that you're offered programs and services that can benefit you. To share your health information (including treatment within the Ridgeview Community Network and with other providers), we need your permission.

Please complete the form below and return it to us at:

Network Navigator
Ridgeview Community Network
500 South Maple St.
Waconia, MN 55387

Or email us the scanned form to:

Navigator@ridgeviewcommunitynetwork.org

Please call or email us with any questions!

952-442-7860

Navigator@ridgeviewcommunitynetwork.org

www.ridgeviewcommunitynetwork.org

Request for Permission to Share Your Information

By checking "Yes" (below), you authorize the release of your health record information (and that of your dependents) between the Ridgeview Community Network ACO, your providers and PreferredOne for care coordination purposes.

Subscriber's Information

The subscriber is the person enrolled in the plan through his or her employer.

Printed name _____

Signature _____

Date _____

Your consent is valid for one year from the date you sign this form.

If you have a spouse or adult dependents also covered by your plan, please have them authorize the release of their health record information by completing the information below.

Dependent #1

I authorize the release of my health record information Yes No

Printed name _____ Signature _____ Date _____

Dependent #2

I authorize the release of my health record information Yes No

Printed name _____ Signature _____ Date _____

Dependent #3

I authorize the release of my health record information Yes No

Printed name _____ Signature _____ Date _____

Dependent #4

I authorize the release of my health record information Yes No

Printed name _____ Signature _____ Date _____